

Substance Abuse Services Division
ASAIS Conference Call
March 17, 2006

Minutes

- On March 17, 2006, the fourth Substance Abuse Services Division's Alabama Substance Abuse Information System (ASAIS) conference call was held. The call began at 10 am and hosted approximately thirty provider organizations, most with multiple staff participating.
- Agenda Item # 1 - Introductions: Mr. Hunt welcomed and thanked the providers for joining the 4th ASAIS conference call. Mr. Hunt asked the providers if there were any suggestions in order to improve the communication of information that is being received from our Offices. Mr. Hunt is pleased with the participation on the conference calls and the information that is being shared. All updated information is now being posted on the Department's webpage. Mr. Hunt asked providers to introduce themselves. The following organizations were identified. We apologize if any were omitted.

West Alabama Mental Health Center
South Central AL MHC
Mountain Lakes Behavioral Healthcare
Chemical Addictions Program
Cahaba Cares, Selma
First Step
Southwest AL MHC
Pearson Hall
Wiregrass MHC
Drug Education Council
North Central Alabama MHC
Birmingham Fellowship House
JBS Mental Health Authority
Chilton Shelby MHC
Anniston Fellowship House
Mobile Mental Health Center
Olivia's House
Quest Recovery Services
CED Mental Health Center
East Central AL MHC
Franklin Primary
UAB
Madison County MHC
Cahaba Mental Health Center, Camden
The Bridge, Mobile
The Bridge, Gadsden
Northwest Alabama MHC
Birmingham Healthcare

➤ Staff participation included:

Mr. Kent Hunt
Mr. Kris Vilamaa
Ms. Lynn Frost
Mr. Brandon Folks
Ms. Crystal Jackson
Ms. Natasha Wyman
Ms. Delores Bynum
Ms. Stephanie McCladdie
Ms. Beverly Johnson

Mr. Hunt asked Mr. Kris Vilamaa to conduct the conference call. Mr. Vilamaa is the Director for Information Services and is the Project Director for AS AIS. He has now assumed the duties for the project and will be the moderator for the conference calls.

➤ Agenda Item # 2 – AS AIS Update:

- a. Design Sessions: Design sessions are being finalized. There are still a few design issues to work through. We are beginning to work on specific tasks that need to be completed in order to get the system up and running. We have been working with our Project Director from Harmony Information Systems and our Health Care Perspectives consultant this week identifying those tasks and the things that need to be done in-house and the things that Harmony needs to complete in order to be ready to go live October 1st, 2006.

There will be a lot of information in regard to AS AIS shared in the next couple of months. This is the time for you to have your input as far as what the screening forms, the assessment forms, the intake and update forms and the discharge forms will look like. Those draft forms will be out by the end of this month and in a short period of time will need to be finalized. We will make sure you know they are out and available and you will need to look at those forms and make suggestions to the format of those forms. What is required in terms of data elements will not be negotiable.

The specifications for the 837 and 835 files will also be sent out by the end of the month. The format will be given to you and you will have a chance to reconfigure your systems to meet the requirements. We are providing you with this format as early as possible to ensure you have ample time to make any needed changes to your systems.

The reporting format for the claims processing will be sent out as well. A group of providers will be convened to look at these reports and give some real detail feedback on these reports. We really want to make sure you are getting the reports that you need in regard to AS AIS.

- b. Transition: We had extensive discussions with our Finance Department this week regarding exactly how we were going to handle the transition from a finance standpoint. Once we go live everything will be submitted to Harmony. There will be no option to submit claims anywhere else. We will have to have a record of all the claims in one system. This is the best scenario that could be determined in order to make sure the transition goes as smooth as possible. No provider will have to change their Medicaid ID and the Department payee code will remain the same. The only negative that could be identified is that claims would have to be resubmitted that go outside Harmony after the go live date. Once we go live the claims will have to come into Harmony. We will not pay any claim that goes outside Harmony, including claims submitted and approved by EDS.
- c. Provider Site Visits: Ms. Becky Novack, Healthcare Perspective consultant, Ms. Sarah Harkless and Mr. Kris Vilamaa will begin visiting providers in two weeks. Mr. Vilamaa announced that anyone who would like a site visit from the consultant have an opportunity to receive one. All providers will be contacted individually to find out if you would like a site visit specifically to discuss your systems and how your systems can be reconfigured to interact with ASAIS. Mr. Vilamaa will need to get a yes or no from every provider so if you would like please contact him. These visits will happen over the course of the next six weeks.

➤ Agenda Item # 3 – Timelines:

The timelines have not changed. The go live date is still October 1, 2006. It is anticipated that work will begin with the pilot sites in May. Criteria are being developed in how the pilot sites will be selected. The sites will be identified and work will begin in May. A training plan is being developed as well. Training will be done as close to the go live date as possible.

➤ Agenda Item # 4 – Questions:

Questions from the provider participants:

- 1) Can the data elements be mapped to the current Central Data Repository (CDR) requirements?

This is a question that we need more specific feedback on. There are current CDR requirements that are changing from the substance abuse side and those requirements are going to be different with ASAIS because we are mapping those elements to the TEDS requirements. There may be some differences in the demographic requirements. Mr. Vilamaa has started analyzing the demographic requirements and there does not seem to be much difference. Feedback is needed on which specific elements are needed to be paid attention to in terms of being in line with the CDR and where we can make changes we will.

- 2) The conversion of the provider system to ASAIS and transmitting the data elements, is that a provider problem?

Aligning your elements with what we are requesting is a provider responsibility. That is why the elements are being provided to you at this point. You will know what we need so that your system can meet what we are asking for.

- 3) For instance, there are approximately eight providers on the CMHC net smart system and all the elements are captured now but in a different format and a different definition. Will all have to go to the expense of converting a program to ASAIS specifications?

Mr. Vilamaa understands that with CMHC is that reconfiguring fields is not going to be a huge undertaking. This is something that can be done in CMHC and other software packages that can be reconfigured to meet those requirements. We have already received contact from Net Smart wanting to know what the requirements were going to be. Feedback should be received from them in reconfiguring the fields and making sure their products can meet the requirements that are being asked for.

Ms. Hilary Hamlin suggested that it may be with CMHC a second set of table values could be referred to as reporting for ASAIS. The values we have to have are because of the federal reporting requirements. We will work on aligning the values as best as possible. You may be able to have a second set of values for the same data element. These are the questions that can be asked of Net Smart.

- 3) One of the things that providers would like to be thought about is that forms and all the data in the current system and internal reporting requirements that change to the data element code would make it difficult to run consistent reports historically and looking at current value. It is suggested to keep as many fields as possible the same.

Ms. Hamlin understands and it may be as far as reporting to ASAIS the system needs to be directed to a different table. It is not that you change the one you have but that you have an additional table.

A list of questions will be made available to the providers to ask their software system administrators.

- 4) It is understood that part of the visits would be talking about what services are currently being offered and which services you want to become an eligible provider for.

Mr. Vilamaa believes that is what Ms. Harkless intended. It will be found out what the expectations of the providers are.

Mr. Hunt thinks Ms. Harkless plans on doing that.

- 5) It is suggested that any training that is done be archived on the web so that it can be accessible for any new employee.

There will be a plan for ongoing maintenance for training. This is going to be our system and we know what the turn over rates are and we know that opportunities to receive training will have to be offered on a ongoing basis. We will examine the option of archiving the training to the web. Mr. Vilamaa thanked the questioner for the suggestion.

- 6) In the draft documents what is UNCOPE and CRAFT?

UNCOPE and CRAFT are the two screening tools that has been chosen to be used. A search can be done and both of those tools are available online.

- 7) How are the minutes of the agenda being sent?

The minutes were sent electronically on Tuesday of this week. If you know of someone who needs to be added to the list please let us know. This information is also being posted on the department's webpage.

- 8) Can you get with the other Associate Commissioners and try to standardize claims submission as much as possible so it does not have to be completed in different ways for each avenue

Mr. Hunt answered that we will try to do what we can. Since we are in this project with the MR Division there will be a lot of unduplication. We are working out a lot of things in unison. We are trying to avoid a lot of uniqueness.

- 9) What is the web address?

There is a link on the department's webpage. www.mh.state.al.us

- 10) On October 1 every client will have a unique identifier and that unique identifier will be generated from the department. Have you given much thought to the enormity of individual programs having to update the system overnight on that system?

Ms. Novack responded by stating that the conversion will have to happen a week or two prior to the go live. There is going to have to be some additional information to be entered both from the divisional perspective and then also in order to communicate those numbers back to providers. We talked about producing a report to providers so they can get a list of those individual identifiers. It would also be very simple to do some sort of electronic file with something like the client's name or date of birth. Some other kind of identifier so those numbers could be matched if your system had the ability to import those. That would be very simple.

- 11) What type of file format is being considered?

Mr. Novack responded that some kind of a text file format would be the easiest for any system to be able to use.

- 12) It is assumed that the division could generate a listing of open cases. Could this not be taken and a new identifier be assigned?

There will be some test data conversion activities. We are not going to do the full conversion until close to the go live date. So any numbers that are going to be assigned will not be until that timeline. We will be able to give you a test file based on that test conversion so that you would be able to see if you would be able to import the information before the go live date.

- 13) Is there going to be a designated point of contact for communicating with the division?

Yes. The plan is to have a data management staff person who is designated as the help person. Any more complicated issues will be addressed to Mr. Vilamaa. We know there will need to be specific points of contact.

If there are any questions that you can think of before the next conference call please call or send those to the division for clarification. Again Mr. Hunt thanked the providers for their attention, diligence and patience.

➤ Agenda Item # 5 Announcements: None noted

The next conference call is scheduled for Friday, March 31, 2006 at 10 am. To participate please dial 1-888-776-3766. You will be prompted for a meeting room number, which is *2626217*. The star key (*) must be entered before and after entry of the numbers. Please make your call at least five (5) minutes before the start of each meeting.